	PATENT	APPLICATI Effe	ORD		Applicati	on or l	Docket Νι	umber					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								LLE	NTITY		OTHER THAN OR SMALL ENTITY		
Ī	OTAL CLAIM	S	35					RATE		つ つ			
F	OR		NUMBER FILED		NUMBER EXTRA		· -	BASIC FEE		\exists	RATE	 	
Т	OTAL CHARGE	ABLE CLAIMS	55 minus 20=		. /		 		355.00	OF	BASIC FE	E 710.00	
INDEPENDENT CLAIMS			2	2		15		X\$ 9=		OF	X\$18=	2-10	
⊢		NDENT CLAIM I		ninus 3 =	4	\mathcal{P}_{-}		X40=		OR	X80=		
		TOENT OLAIM	HESENT				+135=				+270=	1	
*	f the difference	e in column 1 is	s less than z	less than zero, enter "0" in			<u> </u>	TAL		OR		CI OC	
	(CLAIMS AS	AMENDE	MENDED - PART II			10	IAL	<u> </u>	OR		980	
_	SUZZ PRZ ZZYNOSO	(Column 1)		(Colun		(Column 3)	SMALL ENTI		ENTITY	OR		R THAN ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RA	RATE			RATE	ADDI- TIONAL FEE	
	Total Independent		Minus	**		=	X\$	9=	FEE	OR	X\$18=	1	
¥Σ			Minus			=	X4	0=		OR	X80=		
		FIRST PRESENTATION OF MUI		CHELE DEPENDENT			+13	_		1	070		
								OTAL		OR	+270=		
		(Column 1)		(C-1i	. 0)	(0.1	ADDIT.			OR	TOTAL ADDIT. FEE		
m	\$\$\$\$\$\$\$\$\$\$	CLAIMS	ESSENTATE.	(Colum	ST	(Column 3)			1001	1 r			
5		AFTER . AMENDMENT		NUMB PREVIOU PAID F	JSLY	PRESENT EXTRA	RAT	E .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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	TINOT PRESE	NTATION OF MU	LUPLE DEF	ENDENT C	CLAIM			\dashv		OR	700=		
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\Box	1 12 12 12 12 12 12 12 12 12 12 12 12 12	(Column 1) CLAIMS	i e i se postania	(Column		(Column 3)							
		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	RATI		ADDI- IONAL FEE		RATE	ADDI- TIONAL	
	Total	•	Minus	**		=	X\$ 9	_		}	V610	FEE	
	Independent		Minus	***		=		-		OR	X\$18=		
`_	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		X40=			OR	X80=		
i II	the entry in colum	nn 1 is less than the	e entry in colum	nn 2, write "0	" in colu	mn 3	+135:	L_	(OR	+270=		
•••	the "Highest Num	nber Previously Pai nber Previously Pai per Previously Paid	d For" IN THIS 'd For" IN THIS	SPACE is le	ss than :	20, enter "20."	TOT ADDIT, Fi	EE L			TOTAL DDIT. FEE		